P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

	TE/OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTI	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission (lers)	2 Total pages filed
3 CANDIDATE/ OFFICEHOLDER	TITLE FIRST	MI	OFFICE USE ONLY
NAME	Herbert	Ε.	
	NICKNAME LAST	SUFFIX	Dale Received
	Herb Evans		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; C	ITY: STATE: ZIP CODE	1
ADDRESS	1302 West Avenue Aus	tin TX 78701	ļ <u></u>
Change of Address	1		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	TITLE FIRST	MI	
TREASURER NAME	Joseph	м ¹ А.	
NOME	NICKNAME LAST	SUFFIX	Receipt # Amount
	Turner	SUFFIX	Date Processed
6 CAMPAIGN		YE !!	Date Imaged
TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUN	TE#. CHY: STATE;	ZIP CODE
ADDRESS (Residence or business)	1504 West Avenue	Austin TX	78701
· · · · · · · · · · · · · · · · · · ·			
CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(512) 474-4892		
REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Altach C/OH - FR)
PERIOD	Month Day Year	Month Day	Year
COVERED	9 / 29 / 00 THROUG	^{БН} 10 / 28 /	/ 00
0 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year 11 7 00 Primary	Runoff	o
			General Special
OFFICE	office HELD (ifany) Justice of the Peace, Pr	12 OFFICE SOUGHT (if known)
	Austin TX, Travis County	,	
B DIRECT CAMPAIGN	Direct campaign expenditures are campaign expendi	ilures made by others without the cand	idate's prior consent or approval.
EXPENDITURE BY OTHER	Candidates are required to disclose this information only	y if they receive notification of the direc	t campaign expenditure. ••
INDIVIDUALS	Name		
_			
	Address / PO Box; Apl. / State #; City; State; Zip	Code	
additional pages	·		
	GO TO PA	NGE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	I & IUIAL	_5	COVER SHEET PG 2
14 C/OH NAME	erbert E. 1	Evans	15 ACCOUNT #(Ethics Commission liters)
16 SUPPORTING POLITICAL COMMITTEE(S)	This listing inclu have been made with	des political expenditures by political committees to support the candidate hout the candidate's or officeholder's knowledge or consent. Candidates a ey receive notice of such expenditures.	e / officeholder These expenditures may and officeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE			
ACTIVITY	Check here if n	o reportable activity occurred during this reporting period — (Sign affidavit bel	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$500.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 585.00
OUTSTANDING LOAN TOTALS	5. TOTAL PE LAST DAY	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 20596.81
9 AFFIDAVIT			
	grooss	I swear, or affirm, under penalty of per is true and correct and includes all informe under Title 15, Election Code. Signature of Candida	ormation required to be reported by
AFFIX NOTARY STAMP / Sworn to and subscribed	d before me, by the	JUANITA ALEMAN Notary Public, State of Texas My Commission Expires 05-01-01	this theday
1 de la serio	, to certify	y which, witness my hand and seal of office.	
Signature of officer admir	nistering oath	Printed name of officer administering oath Title of	of officer administering oath

Texas Ethics C		Austin, Texas 78711-2	2070 (512) 4	63-5800 <u>1-800-325</u> -8
	TICAL CONTRIBUTIONS FR THAN PLEDGES OR LO	ANS		SCHEDULE A1 (FOR FORMS C/OH & SPAC)
The Instruc	TION GUIDE explains how to complete this form.		1 Total pages this	s Schedule A1:
2 FILER NA	ME Herbert E. Evans		3 ACCOUNT# (E	Thics Commission filers)
10k/200	5 Full name of contributor PEOPLE (AFSC) 6 Contributor address; City; State; Zip 1625 L. Street N	Ode	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Washing ton , D.C.	2036	4300,00	(- -
	bor Unional)	10 Employer (Opt	tional)	
Date	Full name of contributor	Out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip (Code		 -
Principal occ	cupation (Optional)	Employer (Opti	onal)	
Date	Full name of contributor	oul-of-slate PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City, State; Zip C	Code		
Principal occu	upation (Optional)	Employer (Option		
Date	Full name of contributor	Out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Co	ode		
Principal occu	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Co	ode •		
Principal occup	 pation (Optional)	Employer (Option	nal)	
lf contri	ATTACH ADDITIONAL COP butor is out-of-state PAC, please see ins	PIES OF THIS FORM A	AS NEEDED dditional reportin	g requirements.

TOTAL OF UNI Date 6 Full nam 7 Pledgor Date Full nam Pledgor a Principal occupation (optional) Date Full name Pledgor a	ns how to complete this form. Herbert E. Ev TEMIZED PLEDGES: ne of pledgor address; City; State; Zip	⇔ ⇔ ⇔ ☆ ☆	1 Total pages this: 3 ACCOUNT # (EII ⇔ .⇔ 8 pledge (\$)	thics Commission filers)
TOTAL OF UNI Date 6 Full nam 7 Pledgor Principal occupation (optional) Date Full name Pledgor a Principal occupation (optional) Date Full name Pledgor a Principal occupation (optional) Date Full name Pledgor a	TEMIZED PLEDGES:	⇔ ⇔ ⇔ ☆ ☆	⇔ .⇔	\$ 0
Principal occupation (optional) Date Full name Principal occupation (optional) Date Full name Pledgor a	ne of pledgor	out-of-state PAC	8	
Principal occupation (optional) Date Full name Pledgor a Principal occupation (optional) Date Full name Pledgor a Pledgor a Principal occupation (optional) Date Full name				0 1-11
Principal occupation (optional) Date Full name Pledgor a Principal occupation (optional) Date Full name Pledgor a Principal occupation (optional) Date Full name Pledgor accupation (optional)	address; City; State; Zip	Code	.	9 In-kind description (if applicable)
Date Full name Principal occupation (optional) Date Full name Pledgor a Principal occupation (optional) Date Full name Pledgor accupation (optional)				
Principal occupation (optional) Date Full name Pledgor a		11 Employer (optio	nal)	
Date Full name Pledgor a Principal occupation (optional) Principal occupation (optional) Date Full name	e of pledgor	Out-of-state PAC	Amount of pledge (\$)	In-kind description
Date Full name Pledgor a	address; City; State; Zip	Code		(if applicable)
rincipal occupation (optional) Date Full name		Employer (option	nal)	
Date Full name	e of pledgor	ut-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Date Full name	ddress; City; State; Zip	Code	, !	
Date Full name				
Pledgor ac		Employer (option	al)	
	of pledgor	Out-of-slate PAC	Amount of pledge (\$)	In-kind description (if applicable)
incipal occupation (optional)	ddress; City; State; Zip 0	Code		
		Employer (options	(le	
Date Full name		Out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor ad	dress; City; State; Zip C	ode		
incipal occupation (optional)	1	Employer (optional	1)	

	ission P.O. Box 12070 Aus		(312)463-5800 1-800-325-8
LOANS				SCHEDULE E
The Instruction G	uide explains how to complete this	s form.	1 Total pages S	Schedule E:
2 FILER NAME	Herbert E. Eva	ans	3 ACCOUNT#	(Ethics Commission filers)
TOTAL OF U	INITEMIZED LOANS:	တာ တာ ကော တံ	у ф ф	\$ 0
5	7 Name of lender	Out-of-state PAC		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; Sta	ate: Zip Code		10 Interest rate
Υ Ν				11 Maturity date
12 Description of Collate	ıral			
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	. 15 Guarantor address; City; Stat	tte: Zip Code		
7 Principal Occupation	,	18 Employer		
	Name of lender	Oul-of-stale PAC	``	Loan Amount (\$)
Date of loan				
Is lender a financial Institution?	Lender address; City; State	te: Zip Code		Interest rate
Is lender a financial Institution?		e: Zip Code	· · · · · · · · · · · · · · · · · · ·	Interest rate Maturity date
Is lender a financial Institution?		e: Zip Code		
Is lender a financial Institution? Y N Description of Collaters		e: Zip Code		
Is lender a financial Institution? Y N Description of Collaters none GUARANTOR	al .			Maturity date

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLIT	ICAL EXPENDITURES		SCHEDULE F
The Instruct	TION GUIDE explains how to complete this form.	1 Total pages S	Schedule F: 1
2 FILER NAM	ME Herbert E. Evans	3 ACCOUNT#	(Ethics Commission filers)
A Date	5 Payee name M £35A6 £ AND PRICE 6 Payee address; City; State; Zip Co	E & PRESENTATION	7 Amount (\$)
iojano-	Austin JEXAS 7	8704	\$ 585.00
information re	spenditure (See instructions regarding type of required.)	9 ·· Complete if direct expenditure to benefit Candidate / Officeholder name Herb Evms ; Jass	C/OH Office sought / held PECONE Face Vecinc F 5
Date	Payee name		Amount (\$)
	Payee address; City, State: Zip Co		·····
Purpose of ex information re	xpenditure (See instructions regarding type of equired.)	Complete if direct expenditure to benefit to Candidate / Officeholder name	C/OH · Office sought / held
Date	Payee name	,	Amount (\$)
	Payee address; City; State; Zip Co	de	
Purpose of ex information re	spenditure (See instructions regarding type of equired.)	Complete if direct expenditure to benefit (Candidate / Officeholder name	C/OH •• Office sought / held
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Coo	de .	
Purpose of exp information red	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit C Candidate / Officeholder name	C/OH ·• Office soughl / held
	ATTACH ADDITIONAL COP	IES OF THIS FORM AS NEEDED	

The Instruc	TION GUIDE explains how to complete this form.	edule G.	1
FILER NA	ME Herbert E. Evans 3 ACCOUNT# (E	thics Com	mssion (ders)
Date	5 Payee name none 6 Payee address; City: State; Zip Code	8	Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)		Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	-	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)		Reimbursement from political contributions intended
Date	Payee name Payee address; City: State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)		Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City: State; Zip Code		
	Purpose of expenditure (See instructions regarding type of information required.)		Reimbursement from political contributions intended
	Payee name Payee address; City; State; Zip Code		Amount (\$)
Date			Reimbursement

TOTAL ELITICS C	Commission P.O. Box 12070 Austin, Te	xas 78711-2070	(512) 463-5800	1-800-325-8
PAYMI TO A I	ENT FROM POLITICAL CO BUSINESS OF C/OH	NTRIBUTION	S so	HEDULE H
The Instruc	τιον Guide explains how to complete this form.		1 Total pages Schedule H.	
2 FILER NA	ME Herbert E. Evans		3 ACCOUNT # (Ethics Commis	
4	5 Business name n 6 Business address; City; State; Zip C	One	7	Amount (\$)
8 Purpose of painformation r	ayment (See instructions regarding type of required.)	9 ·· Complete Candidate / Officeho	if direct expenditure to benefit C older name	C/OH ·· Office sought / held
Date	Business name Business address; City; State; Zip Co	ode	,	Amount (\$)
Purpose of pa information re	ayment (See instructions regarding type of equired.)	·· Complete if Candidate / Officeho	direct expenditure to benefit C/C Ider name	DH ••
Date	Business name Business address; City; State; Zip Cod			Amount (S)
Purpose of pay information rea	yment (See instructions regarding type of quired.)	·· Complete if Candidate / Officehold	direct expenditure to benefit C/O der name Of	rH •• ffice sought / held
Date	Business name Business address; City, State; Zip Cod			Amount (\$)
Purpose of payinformation req	ment (See instructions regarding type of uired.)	•• Complete if c Candidate / Officehold	direct expenditure to benefit C/Oller name	H ↔ ice sought∄held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES SCHEDULE ! MADE FROM POLITICAL CONTRIBUTIONS 1 Total pages Schedule I: 1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Elhics Commission filers) Herbert E. Evans 4 Date 5 Payee name 8 Amount none 6 Payee address; City; State: Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) Date Payee name Amount (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Date Payee name Amount (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Date Payee name Amount (\$) Payee address: City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Date Payee name Amount (\$) Payee address; City; State: Zip Code Purpose of expenditure (See instructions regarding type of information required.) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 4718 1 ACCOUNT # (Ethics Commission filers) 2 Total pages this report: The JC/OH INSTRUCTION GUIDE explains how to complete this form. 00041364 CANDIDATE / FIRST OFFICE USE NLY **OFFICEHOLDER** NAME Darlene Date Received: 3 LAST NICKNAME SUFFIX Byrne CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER ADDRESS** 98 San Jacinto Blvd **Suite 2000** Date Hand delivered or Deter Postmarked Austin TX 78701 Change of Address **CAMPAIGN** TITLE FIRST **TREASURER** Stephen NAME Receipt # Amount NICKNAME LAST SUFFIX Date Processed Steve Adler Date Imaged STREET ADDRESS (NO PO BOX PLEASE): 6 CAMPAIGN APT / SUITE # CITY: STATE; ZIP CODE TREASURER **ADDRESS** 808 Nueces (Residence or business) Austin TX 78701 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE () -**8** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer appointment (officeholder only) July 15 *8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) 9 PERIOD Day Year THROUGH COVERED 09/29/2000 10/28/2000 10 ELECTION **ELECTION DATE ELECTION TYPE** Day / Year Primary Runoff X General Special 11/07/2000 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (** 126 District Judge 126 OFFICE SOUGHT (if known) 13 NOTICE · Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. CAMPAIGN **EXPENDITURE** BY OTHER **INDIVIDUALS** Address/PO Box: Apl. / Suite #; City: Zip Code additional pages **GO TO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

(512)463-5800

14 C/OH NAME Darlene Byrne			15 ACCOUNT # (I	Ethics Commission filers)
16 NOTICE FROM	have been made with	es political expenditures by political committees to support the cand out the candidate's or officeholder's knowledge or consent. Candidately receive notice of such expenditures	lidate / officeholder. The es and officeholders are	se expenditures may required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME The Friends of Darlene Byrne 2000		
	GENERAL	COMMITTEE ADDRESS 98 San Jacinto Blvd Suite 2000		
	SPECIFIC	Austin TX 78701 COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		Stephen Adler COMMITTEE CAMPAIGN TREASURER ADDRESS 808 Nueces		
		Austin TX 78701		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES		\$	0.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	0.00

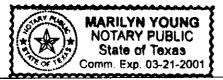
18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by

me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me this 30th day of October, 2000 to certify which witness my hand and seal of office.



Marilyn Jourg Notary Public in and for the State of Texas